

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-2344.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$71.00 for date of service 03/21/02 and 05/09/02.
- b. The request was received on 07/23/02.

**II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFAs
  - c. TWCC 62 forms
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 08/08/02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). There is no initial response in the dispute packet.

**III. PARTIES' POSITIONS**

1. Requestor: Requestor did not submit a position statement.
2. Respondent: No response found in file.

**IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review is 03/21/02 and 05/09/02.
2. The denial codes listed on the EOB are: TG-DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE

SERVICE AT ANOTHER BILLING CODES' VALUE PER RULE 133.301(B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE BILLED MAY BE SUBMITTED. JM- THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING 'ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT, THE SERVICES

PERFORMED ARE NOT REIMBURSABLE AS BILLED. TD-THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/21/02 05/09/02	99214	\$71.00 \$71.00	\$0.00 \$0.00	N,FTG,JM N,FTG,JM	\$71.00 \$71.00	MFG E/M (IV)(C)(2); CPT descriptor	"Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity." The provider did not submit any medical documentation to support the CPT code billed. Therefore, reimbursement <b>is not</b> recommended.
05/09/02	99080	\$15.00	\$0.00	F, TD	\$15.00	TWCC Rule 129.5 (a) (2 - 4) 129.5 (i)(1)	According to Rule 129.5 (a) (2 – 4) defines "changes in activity restrictions", "change in work status." There is no medical documentation that indicates there was a work status change, or any activity restrictions changes. There is no submitted documentation of any changes in work status or activity restrictions. Therefore, reimbursement is not recommended.
<b>Totals</b>		\$157.00	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 19<sup>th</sup> day of December 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb